

Minutes of the meeting of the Board of Directors of the Cook County Health and Hospitals System held Friday, September 27, 2013 at the hour of 8:00 A.M. at 1900 West Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

## **I. Attendance/Call to Order**

Chairman Carvalho called the meeting to order.

Present: Chairman David Carvalho, Vice Chairman Jorge Ramirez and Directors Hon. Jerry Butler; Lewis M. Collens; Ada Mary Gugenheim; M. Hill Hammock; Wayne M. Lerner, DPH, FACHE; Luis Muñoz, MD, MPH; Carmen Velasquez; and Dorene P. Wiese, EdD (10)

Absent: Director Reverend Calvin S. Morris, PhD (1)

Additional attendees and/or presenters were:

Gina Besenhofer – System Director of Supply Chain Management

Timothy Brangle – The Chicago Consultants Studio, Inc.

Krishna Das, MD – System Director of Quality, Patient Safety, Regulatory and Accreditation

Claudia Fegan, MD – Executive Medical Director/Medical Director Stroger Hospital

Randolph Johnston – System Associate General Counsel

Anthony Rajkumar – Chief Business Officer

Ram Raju, MD, MBA, FACS, FACHE – Chief Executive Officer

Elizabeth Reidy – System General Counsel

James Ro - Cook County Office of Capital Planning and Policy

Deborah Santana – Secretary to the Board

John Jay Shannon, MD – Chief of Clinical Integration

## **II. Public Speakers**

Chairman Carvalho asked the Secretary to call upon the registered speakers.

The Secretary called upon the following registered speakers:

1. George Blakemore Concerned Citizen
2. Dan Boris Representative, SEIU Local 73

## **III. Board and Committee Reports**

### **A. Minutes of the Finance Committee's Public Hearings on the proposed CCHHS FY2014 Preliminary Budget held on August 20, 21 and 23, 2013**

Director Butler, seconded by Director Lerner, moved the approval of the Minutes of the Finance Committee's Public Hearings on the proposed CCHHS FY2014 Preliminary Budget held on August 20, 21 and 23, 2013. THE MOTION CARRIED UNANIMOUSLY.

### **B. Minutes of the Board of Directors Meeting, August 23, 2013**

Chairman Carvalho, seconded by Vice Chairman Ramirez, moved the approval of the Minutes of the Board of Directors Meeting of August 23, 2013. THE MOTION CARRIED UNANIMOUSLY.

### **III. Board and Committee Reports (continued)**

#### **C. Minutes of the Finance Committee Meeting, September 13, 2013**

- **Contracts and Procurement Items** (detail was provided as attachment to Board Agenda)

During the presentation of the minutes, Director Wiese indicated that a correction was needed on page 3. She stated that her question at the meeting was not specific to the documentation for citizenship, it was regarding general documentation for the application. Chairman Carvalho indicated that the correction to the minutes would be made.

Director Butler, seconded by Director Gugenheim, moved the approval of the Minutes of the Finance Committee Meeting of September 13, 2013, as amended. THE MOTION CARRIED UNANIMOUSLY.

#### **D. Minutes of the Human Resources Committee Meeting, September 13, 2013**

Director Wiese, seconded by Director Lerner, moved the approval of the Minutes of the Human Resources Committee Meeting of September 13, 2013. THE MOTION CARRIED UNANIMOUSLY.

#### **E. Minutes of the Quality and Patient Safety Committee Meeting, September 23, 2013**

- **Medical Staff Appointments/Reappointments/Changes**

Director Collens, seconded by Director Muñoz, moved the approval of the Minutes of the Quality and Patient Safety Committee Meeting of September 23, 2013. THE MOTION CARRIED UNANIMOUSLY.

##### **i. Overview of presentation made at meeting**

##### **Committee Education – Approach to Adverse Events: CCHHS 2013**

Dr. Krishna Das, System Director of Quality, Patient Safety, Regulatory and Accreditation, provided an overview of the information presented at the Quality and Patient Safety Committee Meeting regarding Adverse Events. The Board reviewed and discussed the information.

Chairman Carvalho noted that, when the Hospital Provider Tax was passed in 2005 to provide hundreds of millions of dollars of additional reimbursement to hospitals, included in that package was the Adverse Event Reporting Law of Illinois; however, funding for that program was not identified, so that law has gone unenforced and unimplemented since 2005. The Illinois Department of Public Health (IDPH) has adopted the rules and established procedures, but resources do not currently exist to run the program. This past spring, legislation was proposed to impose a first time ever license fee for hospitals; nursing homes, ambulatory surgical treatment centers and beauticians pay a license fee, but hospitals have never paid a license fee. The legislation proposed to impose an annual license fee of \$55 per bed; half of the fee would go towards implementation of this law, and the other half of the fee would go towards hiring inspectors (hospital complaints that are made to IDPH that do not impinge on a federal condition of participation are not investigated by IDPH, because there are no staff for this purpose). The proposed legislation received 36 votes in the Senate (needed 30), and received 40 votes in the House (needed 60), so it failed to pass. He indicated that this subject will be revisited in the spring, so that this law can be implemented.

### **III. Board and Committee Reports**

#### **E. Minutes of the Quality and Patient Safety Committee Meeting, September 23, 2013 (continued)**

Director Hammock inquired whether there is a direct financial impact that can be linked to the data that is reported. Dr. Das responded affirmatively. She stated that all of the data contained on the dashboard is reported to the Centers for Medicare and Medicaid Services (CMS); additionally, CMS looks at the System's data from its billing database and abstracts the data, particularly data around adverse events and readmissions. Chairman Carvalho stated that this is another reason why the System's coding has to be accurate, because there are direct consequences. He indicated that an update is needed for the Finance Committee regarding the status of improving the quality of our coding. Following discussion with staff, he stated that the Audit and Compliance Committee has been reviewing this subject for some time; he understands that they will be hearing a report on that subject at their upcoming meeting on October 9<sup>th</sup>.

Director Lerner noted that hospitals were previously in a volume-pushed environment, and now they are moving to a value-based environment, which is a massive change; this is why the issue of cultural change in the institution is so critical, because the new culture is one that says if an institution does not produce value and prevent problems, it will not have the money in the long run. At the Quality and Patient Safety Committee Meeting, it was discussed that, with the implementation of CountyCare, the System will need to measure the population's health in a different way; he suggested that at some point, the Quality and Patient Safety Committee should do a deep dive on the strategic direction that the System will face under CountyCare - that will lead into a strategic discussion at the Board level.

Chairman Carvalho stated that a leading indicator of what the payers are going to require are the measures that the National Quality Forum (NQF) develops. Dr. Das added that the NQF is starting to look at the subject of doing risk adjustments using socioeconomic factors; this is not part of the current equation for risk adjustment, but it is a major driver of poor outcomes over which System staff does not have a lot of control.

### **IV. Action Items**

- A. Proposed Intergovernmental Agreement between the County of Cook, on behalf of the Office of Capital Planning and Policy (OCP) and the Cook County Health and Hospitals System (CCHHS), and the Illinois Medical District Commission (IMDC), to allow the IMDC, OCP and CCHHS to collaborate on redevelopment opportunities within the Illinois Medical District, to better account for existing and future needs of the County and CCHHS as well as the IMDC, including but not limited to the best and highest uses for the County, CCHHS and IMDC properties within the Illinois Medical District**

Director Lerner, seconded by Vice Chairman Ramirez, moved the approval of the proposed Intergovernmental Agreement.

Anthony Rajkumar, Chief Business Officer, and Timothy Brangle, representing the Cook County Office of Capital Planning and Policy (OCP), presented the item for the Board's consideration.

Mr. Rajkumar provided an overview of the history and jurisdiction of the IMDC. He stated that the System has a good working relationship with them; however, an agreement has never been entered into in the past to formally establish and recognize the relationship. He provided a few examples of how the IMDC has assisted the System; those examples included matters relating to parking arrangements and for the leasing of the Hoyne Building, where the State's staff members who validate the CountyCare applications are stationed.

#### **IV. Action Items**

##### **A. Proposed Intergovernmental Agreement (continued)**

Chairman Carvalho provided additional information. He stated that the IMDC is a creature of State government that was created in the late 1940s. It has been delegated by the State with certain extraordinary powers within its district; it has the power of eminent domain and is authorized to own property. It has acquired substantial amounts of property, much of it distressed, in connection with tax-delinquent sales; its purpose is to try to pull together private developers and others who can put it to better use. The County worked with it very closely in connection with the building of the new hospital. He concurred that there has always been a partnership, however, that partnership has never been structured through some sort of an intergovernmental agreement (IGA).

The Board discussed several subjects relating to the item, including the following: whether other members of the IMDC have signed similar agreements; the scope of authority of the IMDC, the intent and scope of the proposed IGA; potential costs associated with the agreement; the role of the System with regard to capital expenditures; and IMDC's strategic vision.

Dr. Ram Raju, Chief Executive Officer, stated that, with regard to potential opportunities for collaboration, System administration is carefully reviewing two areas: 1) the possible establishment of a core laboratory for the entire district; and 2) rebuilding Fantus Clinic. He stated that the System has a large laboratory and there is an opportunity to expand it. With regard to rebuilding Fantus Clinic, the System will need to work with the IMDC and the County to look at how to build it, and to determine how to operate the old building at the same time that the new building is being built.

Mr. Rajkumar stated that this agreement gives System administration an opportunity to look strategically at what is beneficial for the System and County. If the administration arrives at a strategic goal to, for example, replace Fantus Clinic or establish a core laboratory, the proposal will be brought back to the System Board for approval, with detail.

It was noted that, for future items like this, the Board should receive a briefing paper and background materials in advance, which will allow Directors to prepare themselves for discussion of the item at the meeting.

Director Lerner recommended that the item be deferred to the October Board Meeting. A briefing paper can be sent out to the Directors, to provide additional information about the history of the IMDC, and explaining the role of the County and System in relation to the IMDC and why the System's participation is critical; at the next Board Meeting, representatives from the County and IMDC can be present for any additional discussion that needs to be held. Vice Chairman Ramirez concurred with Director Lerner's recommendation to rescind the motion to approve the proposed IGA.

Elizabeth Reidy, System General Counsel, stated that the agreement is expected to be presented to the County Board for their consideration on Tuesday, October 1<sup>st</sup>; she indicated that the County Board will likely inquire whether the System has voted to acknowledge the IGA. Following discussion, Chairman Carvalho asked Dr. Raju to convey to the County Board that the System Board has deferred action on the item in order to get additional details.

Director Lerner further clarified the information being requested and next steps anticipated for this item. He stated that a briefing paper should be sent to the Directors that addresses the following subjects: history of the IMDC; role of the County and System in relation to the IMDC; and why the System's participation is critical. Representatives from the IMDC can provide a presentation on their vision, along with a short summary of where their district has been over the past four to five decades.

This item was deferred to the October 25, 2013 Meeting of the Board of Directors<sup>1</sup>.

**IV. Action Items (continued)**

**B. Contracts and Procurement Items (Attachment #1)**

Gina Besenhofer, System Director of Supply Chain Management, provided an overview of the request presented for the Board's consideration. James Ro, Project Director, from the Cook County Office of Capital Planning and Policy, provided additional information. The Board reviewed and discussed the request.

Director Hammock, seconded by Director Butler, moved the approval of request number 1 under the Contracts and Procurement Items. **THE MOTION CARRIED.**

Vice Chairman Ramirez voted **PRESENT.**

**C. Any items listed under Sections III, IV and VII**

**V. Report from Chairman of the Board**

*Ribbon-Cutting Event at Oak Forest Health Center*

Chairman Carvalho stated that the ribbon cutting event marking the opening of the regional outpatient center at Oak Forest Health Center occurred yesterday. He stated that Directors Collens and Gugenheim were able to attend, along with President Toni Preckwinkle and several members of the County Board. This project was part of the System's Strategic Plan that was developed and approved by the County Board; it involved the reorganization of the Oak Forest campus into a primary and specialty outpatient center, and de-licensing of the hospital beds which had originally been there to serve the long-term care residents. The long-term care patients were gone by 2007, but the hospital, the emergency room in particular, was being used almost as an outpatient specialty clinic; therefore, it was configured as such.

*FY2014 Budget Activities*

Chairman Carvalho stated that the System's Preliminary Budget has been approved by the County Board in the first step of the process. The next step is the incorporation of the System's Preliminary Budget into the overall County budget by the President; the President is currently expected to be presenting the Executive Budget Recommendation at a meeting in the second week of October. He stated that he will be attending that meeting, along with the Chair of the System's Finance Committee. He encouraged the Directors to attend the upcoming meeting, if their schedules permitted, to show their support for Dr. Raju and the System's budget.

*Site Tours for Directors*

Chairman Carvalho stated that several of the Directors have mentioned an interest in taking tours of the several System facilities. Rather than having Directors make their own arrangements for tours separately, he stated that the Secretary and administration is coordinating a set of tours. They will be reaching out to Directors to determine their availability, and to determine the number of tours that will be needed at each facility; he added that the arrangements for tours at Cermak Health Services are more complicated than those for Fantus Clinic, for example.

**A. 2013/2014 Board and Committee Meetings**

**i. Discussion of plans for 2014 Board and Committee schedules**

Chairman Carvalho stated that the Board has been having discussions at its smaller groups of Committees regarding Board and Committee schedules, and the summaries of those discussions have been presented in those meetings. His original intent was to discuss this at the August Board Meeting, but because there were some Directors who were absent at that meeting, the discussion was deferred to this meeting in order to present a full range of views on the topic.

**V. Report from Chairman of the Board (continued)**

Also at the last meeting, Dr. Raju was asked to make any suggestions or recommendations on his views of the meetings schedule, and what might be optimal from a staff perspective. Chairman Carvalho indicated that what the Board needs to take into account are the needs of the System and its staff, the public, the Board Members and of the Board itself, and figure out what timing and progression of meetings would work best.

Chairman Carvalho stated that Director Lerner did not have an opportunity at the last meeting to join in the conversation; he invited Director Lerner to share his thoughts on the subject. Director Lerner stated that, to the extent that the Board can minimize interference with staff time and maximize the time and benefit of the Board Members, what he has done in other institutions is to change over from the sporadic committee schedule that exists, and to take some of the committees and piggyback them close to or hold them on the Board Meeting day. At his last institution, they held a quality meeting for one hour, followed by a finance meeting held in the next hour. A quick break could be held for dinner, which would be followed by the board meeting. The meetings would start at 3:00 P.M. and the Board would be out by 8:00 P.M. at the latest. He noted that, under this model, the timing does not allow for minutes to be prepared and sent out to the members for approval in advance; however, the Chair of each committee verbally reported on the actions that were taken at the committee, and the minutes were subsequently approved.

Dr. Raju stated that he had communicated through the Secretary to the Chairman that the staff preference would be to have the Human Resources and Finance Committees meet on the Board Meeting day; he noted that if the Human Resources Committee decides to hold their meetings every other month in 2014, then every other month there would be meetings of only the Finance Committee and the Board on the same day. He said that he is not in favor of having the Quality and Patient Safety Committee meet on the Board Meeting day, because this Committee needs more time for its meetings.

Dr. Raju and several of the Directors indicated that they did not have an issue with evening meetings, with the exception of meetings scheduled on Friday evenings. Director Collens stated that, if the Board is going to make that change, he hopes that there will be some considerable lead time, as he has a calendar of meetings that stretches out into the future. He suggested that the Board can perhaps make that change six months from now, as he believed that Friday mornings are locked on calendars for the extended period of time. He thought that the Board should be polled on proposed changes of dates, and regarding which evenings would work best. Director Muñoz suggested that Wednesdays or Thursdays would be good for evening meetings.

With regard to the meetings of the Human Resource Committee, Director Wiese stated that there was a discussion regarding the Human Resources Committee schedule possibly changing to meet every other month; however there are some foundational matters that need to be addressed first before this is considered. There are two different reports that have been requested, so those need to be received first.

Chairman Carvalho asked the Secretary to follow-up with Board Members regarding the poll. He had suggested that the Board might even try such an arrangement prior to the end of the year, so perhaps in the polling the Board can see whether there is an opportunity in November or December to try this before the official schedule is set for the balance of next year. He stated that, as a reminder, under the Illinois Open Meetings Act, every year before the calendar year begins, a Board is supposed to adopt a schedule for the subsequent year and make it available to the press and public; therefore, the Board will at some point in the near future need to take action and formally adopt a schedule.

**V. Report from Chairman of the Board (continued)**

Director Collens requested that the poll include the option of holding the two Committee Meetings prior to the Board Meeting on Friday mornings, as another alternative. Chairman Carvalho responded affirmatively; he suggested that for this option, the Human Resources Committee could be noticed for 8:00 A.M., the Finance Committee could be noticed for 9:00 A.M., and the Board Meeting could be noticed for 10:30 A.M.<sup>2</sup>

**VI. Report from Chief Executive Officer**

Dr. Raju provided an update on the following subjects: FY2014 Budget; CountyCare; Oak Forest Health Center; and Recognition of Employees.

**A. Report from Chief Business Officer (Attachment #2)**

Dr. Raju stated that, each month, a regular report will be provided by members of his senior staff, to give a quick update on the areas for which they are responsible. He introduced Anthony Rajkumar, Chief Business Officer, who provided an overview of his roles and responsibilities. The Board reviewed the information.

Chairman Carvalho inquired regarding the number of patients who remain in the hospital beyond the medical need to be in an acute care setting, because there is no place to send them. Dr. Claudia Fegan, Executive Medical Director responded that the number of people in that category has diminished to less than a half dozen by now; the System uses a variety of contracts with nursing homes to place people who do not have anywhere to go. She indicated that she can provide a report on that subject, as the number of patients in that category fluctuates from week to week. Chairman Carvalho commented that the System is still financially responsible for them, but at least the patients are not filling up a bed in an acute care setting. For patients in this category, who do not have a payer source, including those who are undocumented, Director Lerner stated that, to the extent that the County remains a repository or place of last resort, there is a financial load associated with that. As the Affordable Care Act is implemented, there will still be a significant number of people who will not be covered, including the undocumented; the Board will need to think about the financial and human consequences of this.

**VII. Closed Session Items**

**A. Stroger Hospital Medical Staff Matter(s)**

**B. Claims and Litigation**

Director Wiese, seconded by Director Muñoz, moved to recess the regular session and convene into closed session, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(1), regarding “the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity,” 5 ILCS 120/2(c)(11), regarding “litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting,” 5 ILCS 120/2(c)(12), regarding “the establishment of reserves or settlement of claims as provided in the Local Governmental and Governmental Employees Tort Immunity Act, if otherwise the disposition of a claim or potential claim might be prejudiced, or the review or discussion of claims, loss or risk management information, records, data, advice or communications from or with respect to any insurer of

**VII. Closed Session Items (continued)**

the public body or any intergovernmental risk management association or self insurance pool of which the public body is a member,” and 5 ILCS 120/2(c)(17), regarding “the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals for a hospital, or other institution providing medical care, that is operated by the public body.”

On the motion to recess the regular session and convene into closed session, a roll call was taken, the votes of yeas and nays being as follows:

Yeas: Chairman Carvalho, Vice Chairman Ramirez and Directors Butler, Collens, Gugenheim, Hammock, Lerner, Muñoz, Velasquez and Wiese (10)

Nays: None (0)

Absent: Director Morris (1)

THE MOTION CARRIED UNANIMOUSLY.

Chairman Carvalho declared that the closed session was adjourned. The Board reconvened into regular session.

Director Butler, seconded by Director Lerner, moved the approval of the appointment of Dr. Jan Paul Szatkowski as Orthopedic Surgery Division Chair. THE MOTION CARRIED UNANIMOUSLY.

**VIII. Adjourn**

As the agenda was exhausted, Chairman Carvalho declared the MEETING ADJOURNED.

Respectfully submitted,  
Board of Directors of the  
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
David Carvalho, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
Deborah Santana, Secretary

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<sup>1</sup> Follow-up: Proposed IGA deferred to October 25<sup>th</sup> Board Meeting. Briefing paper and any other applicable informational materials are requested to be forwarded to the Board. Pages 3 and 4.

<sup>2</sup> Follow-up: Polling to be done regarding options for the 2014 calendar of meetings. Pages 6 and 7.

Cook County Health and Hospitals System  
Board of Directors Meeting Minutes  
September 27, 2013

ATTACHMENT #1

COOK COUNTY HEALTH AND HOSPITALS SYSTEM  
ITEM IV(B)  
**SEPTEMBER 27, 2013 BOARD OF DIRECTORS MEETING**  
CONTRACTS AND PROCUREMENT ITEMS

Request #	Vendor	Service or Product	Fiscal Impact	Affiliate / System	Begins on Page #
<b>Capital Program Item - Execute Contract</b>					
1	Edwards Engineering, Inc.	Construction Contractor for the Removal and Replacement of the Clean Steam Piping System Project at John H. Stroger Hospital of Cook County	\$14,541,200.00	SHCC	2

# Clean Steam Pipe Replacement at Stroger Hospital FACT SHEET

OFFICE OF CAPITAL PLANNING & POLICY

DATE: 9/10/13

**PROJECT NAME:** Clean Steam Pipe Replacement at Stroger Hospital

**PROJECT DESCRIPTION:** The John H. Stroger Hospital of Cook County has two separate steam producing systems, heating and Clean Steam. The central boiler plant is a closed system. Condensate is pumped back to the central boiler plant, treated and reused. The Central boiler plant feeds the Clean Steam system. Clean Steam is produced by six independent generators, and used for the building's humidifiers, autoclaves and kitchen equipment. The condensate return from the Clean Steam system is directed into the feedwater for the HVAC boilers along with the HVAC condensate return.

The main plant feedwater is treated through water softening, deaeration and dealkalizers. With the exception of the water softeners, the Clean Steam system does not have deaerators or dealkalizers. The system is subject to severe corrosion and leaks in the condensate system, its components and fittings which cause persistent and periodic failures in the system. Currently, the system has been shut-down due to the massive deterioration and corrosion of the existing piping and system components.

The intent of this project is to replace the existing clean steam system at John H. Stroger Jr. Hospital with a new system

## SCOPE OF SERVICES

The Contractor for this project will provide all construction services required to complete this project. The scope shall include but is not limited to the following:

- Installation & removal of temporary barriers, directional signage and negative air machines.
- Removal of the existing corroded clean steam piping and humidifiers (the clean steam generators will remain).
- Replace the existing piping with stainless steel materials and install new humidifiers. A portion of the downstream ductwork will also be replaced with stainless steel sheetmetal.
- Commission all of the systems at one time.

## BUDGET:

CM Services – Faithful+Gould:	\$ 915,999
Design Services -WMA Consulting Engineers:	\$ 2,118,500
Construction Contractor – Edwards Engineering, Inc.	<u>\$14,541,200</u>
TOTAL	\$17,575,699

## SCHEDULE:

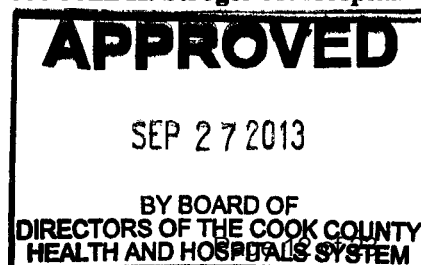
Construction 15 months

## CONTRACTOR:

Edwards Engineering, Inc. Elk Grove Village, Illinois

## BOND ACCOUNT:

22000 John H. Stroger Jr. Hospital



Request #

1



**TONI PRECKWINKLE**

PRESIDENT

**Cook County Board  
of Commissioners**

EARLEAN COLLINS

1st District

ROBERT STEELE

2nd District

JERRY BUTLER

3rd District

STANLEY MOORE

4th District

DEBORAH SIMS

5th District

JOAN PATRICIA MURPHY

6th District

JESUS G. GARCIA

7th District

EDWIN REYES

8th District

PETER N. SILVESTRI

9th District

BRIDGET GAINER

10th District

JOHN P. DALEY

11th District

JOHN A. FRITCHEY

12th District

LARRY SUFFREDIN

13th District

GREGG GOSLIN

14th District

TIMOTHY O. SCHNEIDER

15th District

JEFFREY R. TOBOLSKI

16th District

ELIZABETH ANN DOODY GORMAN

17th District

OFFICE OF CAPITAL PLANNING & POLICY

**JOHN COOKE**

DIRECTOR

69 W. WASHINGTON, SUITE 3000 • CHICAGO, ILLINOIS 60602 • (312) 603-0315

LEGISLATIVE AFFAIRS – FORM E

COUNTY BOARD AGENDA ITEM BACK-UP DOCUMENTATION

September 10, 2013

Honorable Toni Preckwinkle

President, Cook County Board of Commissioners

and Members of the Cook County Board of Commissioners

118 North Clark Street, Room 537

Chicago, IL 60602

**RE: Proposed Board Item 13-1673 / Removal & Replacement of the Clean Steam Piping system  
at the John H. Stroger Jr. Hospital of Cook County**

Dear Madam President and Cook County Commissioners:

The Office of Capital Planning & Policy respectfully submits our request for the issuance of a contract that pertains to the removal and replacement of the Clean Steam Piping System at John H. Stroger Jr. Hospital of Cook County.

**RATIONALE**

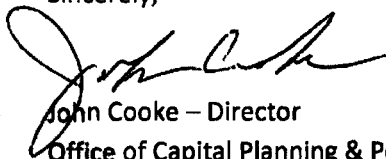
Stroger's Clean Steam System deteriorated within a few months of the hospital's opening in 2002 and was subsequently shut-down due to mechanical problems. Legal actions were taken against the engineer and contractor for improper design and construction of this system. Cook County was awarded a settlement for these damages in 2006 totaling \$17,750,000.

**ATTACHMENTS**

- Copy of the letter from the Office of the State's Attorney – Cook County, IL dated July 21, 2006.
- Fact Sheet dated September 10, 2013

If you have any questions or concerns, please do not hesitate to contact: James Ro, Project Director at (312) 603-0309 / [James.Ro@cookcountyil.gov](mailto:James.Ro@cookcountyil.gov)

Sincerely,



John Cooke – Director

Office of Capital Planning & Policy

cc: G. A. Finch, Chief of Staff

Patrick Carey, Special Assistant – Legislative and Governmental Affairs

Matthew DeLeon, Secretary to the Board

Cook County Health and Hospitals System  
Board of Directors Meeting Minutes  
September 27, 2013

ATTACHMENT #2



RAM RAJU, MD, MBA, FACHE, FACS  
CHIEF EXECUTIVE OFFICER  
COOK COUNTY HEALTH AND HOSPITALS SYSTEM  
REPORT TO THE BOARD OF DIRECTORS  
September 27, 2013

### **FY2014 BUDGET**

On September 11, 2013 the Cook County Health and Hospitals System FY2014 Preliminary Budget was introduced at the Cook County Board meeting and was approved by the Board of Commissioners for inclusion in the President's FY2014 Executive Recommendation. It is expected the President's FY2014 Executive Recommendation will be introduced to the Cook County Board for consideration in October. Once introduced, the proposed budget will be referred to the Cook County Finance Committee. During October and November, the CC Finance Committee will conduct public hearings on the proposed budget. In addition, the Cook County Finance Committee will hold meetings to review the budgets of each department/agency; the Cook County Health and Hospital System will participate in this review process. Once concluded the Finance Committee will consider amendments to the proposed budget after which the budget will be approved by the Cook County Board of Commissioners. It is expected the County Budget, which includes our CCHHS budget, will be approved prior to the end of the fiscal year, November 30, 2013. The 2014 fiscal year begins December 1, 2013.

CCHHS's FY2014 budget focuses on several key principles as we continue to transform: no service reductions or layoffs; retaining all positions/vacancies to improve services and frontline staffing; investing in key areas to improve the patient experience to retain patients post Medicaid expansion; expanding the CountyCare network to increase access all while reducing our dependency on Cook County funding by 30% from last year.

### **COUNTYCARE**

This Saturday, September 28<sup>th</sup> and Sunday, September 29<sup>th</sup> is **CountyCare Weekend**. In an effort to get the word out about CountyCare, more than 125,000 pieces of materials have hit the streets in the past week. On Saturday, our outreach team will be visible throughout Cook County and twenty-two Federally Qualified Health Center's (FQHC's) will be open with on-site application assistants. On Sunday, a number of outreach activities have been planned at more than 100 churches across Cook County. The CCHHS website and social media are being used to promote the weekend.

Our hard work, dedication to our patients and the larger community is paying off. To date, more than 100,000 CountyCare applications have been initiated and we continue to work closely with the State of Illinois on getting people enrolled into the program. We are well within reach of our goal of 115,000 applications.

CountyCare, our program designed to expand coverage under the Affordable Care Act, is a critical step in the massive transformation of our system. We must adapt to the new way of providing care to ensure the public health system, a critical player in the health of our communities, remains a viable and valued partner.

### **OAK FOREST HEALTH CENTER (OFHC)**

Earlier this week marked the opening of Oak Forest Health Center (OFHC), where new radiology and laboratory services will be offered. The nearly \$6 million transformation will allow us to provide CT scans, ultrasounds and mammogram screenings at the regional outpatient center. I am happy to announce that the OFHC Immediate Care Center (ICC) is again operating 24 hours.

The renovated regional outpatient center houses a new diagnostic center that includes a modern laboratory with six radiology suites. The new radiology department is digital and filmless with a picture archiving communications system (PACS). PACS electronically connects the health center to the rest of the health system, which allows patients to seamlessly move through the system for more specialized care or additional consultation is required.

Located in the same facility are a primary care center, the Immediate Care Center and a specialty care center for patients to get a full range of services including nephrology, gastroenterology, infectious disease and neurology services. Pharmacy and rehabilitation services also are available on site.

Last year, patient visits at Oak Forest Health Center topped 100,000 while visits to the ICC exceeded 16,000 visits for adults needing non-emergency care. With the additional services available, including gynecology, pulmonary, cardiology, podiatry and optometry, we anticipate patient visits will continue to grow.

The health care model in this country is shifting to a focus on prevention and out-patient services. OFHC is uniquely positioned to provide these services and meet the needs of our current and future patients.

### **RECOGNITION**

This month we recognize employees whose care and dedication has been brought to our attention by our patients.

#### **Patient Experience Champions of Radiology**

**George Talge – Director of Radiological Technical Training MRI/CT** We have received numerous accolades from patients over the years, especially from the outpatient area, for George.

Typically the descriptions are: 'excellent customer service', 'showed concern', 'made me feel he cared'. Under Mr. Talge's leadership, staff are trained in customer service and sensitivity and are urged to remember that they serve a diverse population, in age, background, experience, understanding of procedures. A recent letter says, 'George T. was very welcoming,...explained everything step-by-step...I appreciate the treatment, felt very comfortable and supported on my mission...to health!'

**Koshy Oommen – MRI Technician** also receives high praise for his patient care in Radiology, and says that he treats patients like "...my father, my mother, sister, brother." Patients have said, "He was very patient, kind and reassuring, with great compassion" and "I'd like to thank you for having people like Mr. Odoommer on your staff."

I want to take a moment and thank all of our employees for their efforts as we continue the transformation of the Cook County Health & Hospitals System into a quality, integrated patient-centered health network that is financially responsible.



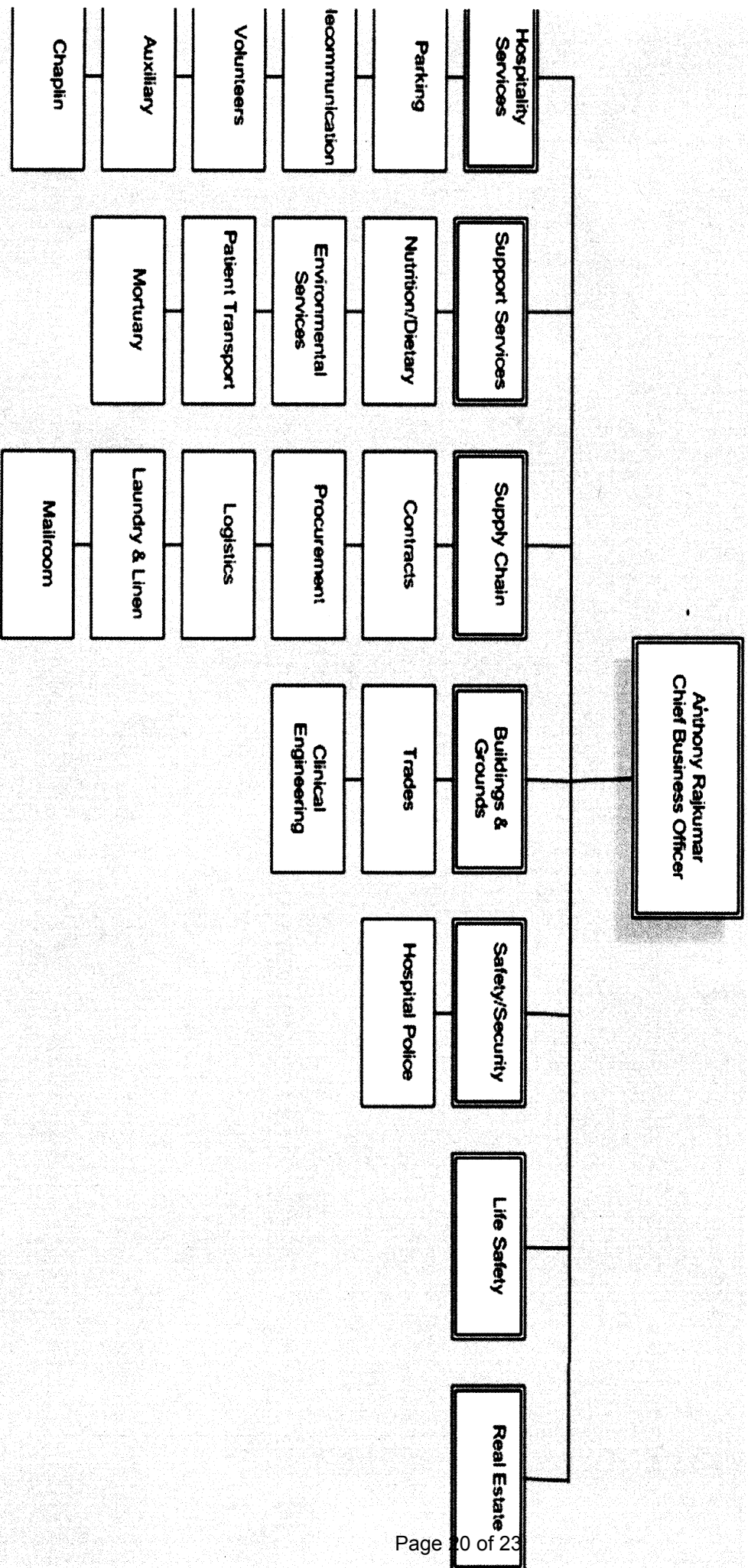
# Chief Business Officer

# Roles and Responsibilities

*Anthony Rajkumar*

*Cook County Health & Hospitals System*

# Organization Chart



# **Projects Completed and In Progress**

**Standardizing work processes.**

**Redefining roles.**

**Renegotiating certain contracts.**

**Evaluating current real estate.**

**Assessing the life safety and security of patients, staff, and facilities.**

# Challenges

Contract oversight and annual evaluation process.

Electronic procurement system.

Aging infrastructure.

Replacement of aging medical equipment.

# Questions?